2050-2029 Exp. 193 9-**30-96** GSA No. 0245-**EPA-O**T

Please refer to the Instructions for Filling Notification before completing this form. The Information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated **Waste Activity**

United States Environmental Protection Agency

Date Received (For Official Use Only)

JUN 1 1 1998

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| /III. Type of Regulated Waste Activity | (Mark 'X' in the appropriate boxes; | Refer to Inst | ructions) | |
| A. Hazardou | s Waste Activity | | B. Used Oil | Recycling Activities |
| 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode In boxes below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify | required for this actinstructions. 4. Hazardous Waste Fue a. Generator Marketin b. Other Marketers c. Bollerand/or Indust 1. Smelter Deferra 2. Small Quantity Indicate Type of C Device(s) 1. Utility Boller 2. Industrial Bolle 3. Industrial Furna | c permit is civity; see | Oil to Off-S b. Marketer V Oil Meets to Combustion a. Utility Boil b. Industrial c. Industrial 3. Used Oil Tran of Activity(les | Pirects Shipment of Used Specification Burner Who First Claims the Used the Specifications mer - Indicate Type(s) of Device(s) er Boller Furnace asporter - Indicate Type(s) er acility essor/Re-refiner - Indicate |
| X. Description of Hazardous Wastes | (Use additional sheets If necessary) | | | |
| A. Characteristics of Nonlisted Hazar nonlisted hazardous wastes your Install | | | | teristics of |
| Ignitable 2. Corrosive 3. Reactive (D001) (D002) (D003) B. Listed Hazardous Wastes. (See 40 C | A. Toxicity Characteristic (List specific EPA haz X D D O O CFR 261.31 - 33; See instructions if y 9 | 8 | | |
| C. Other Wastes. (State or other wastes | requiring a handier to have an I.D. i | number; See | instructions.) | |
| | 3 | 4 | 5 | 6 |
| C. Certification | | | | • |
| I certify under penalty of law that this docur system designed to assure that qualified per or persons who manage the system, or thos best of my knowledge and belief, true, accur including the possibility of fine and impris- | rsonnel properly gather and evaluate se persons directly responsible for g rate, and complete. I am aware that th | the informatio athering the in | n submitted. Based formation, the info | on my inquiry of the person rmation submitted is, to the |
| Signature , | Name and Official Title | (Type or pri | int) | Date Signed |
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| Note: Mail completed form to the appropria | | See Section III | of the booklet for a | ddresses.) |

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| Please refer to the Instruction: | |
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| completing this form. The | |
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Notification of Regulated Waste Activity

Date Received (For Official Use Only)

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| | ID - For Official Use Only |
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| VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; A | Refer to Instructions) |
| A. Hazardous Waste Activity \ | B. Used Oil Recycling Activities |
| 1. Generator (See Instructions) a. Greater than 1000kg/mo (2,200 lbs.) b. 100 to 1000 kg/mo (200-2,200 lbs.) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode In boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rall 3. Treater, Storer, Disp installation) Note: A required for this actions. 4. Hazardous Waste Fuel a. Generator Marketing b. Other Marketers c. Bollerand/or Industrial c. Small Quantity E. Indicate Type of Compevice(s) 1. Utility Boller 2. Industrial Boller 3. Industrial Furnace Underground Injection | a. Marketer Directs Shipment of Used Oil to Off-Specification Burner b. Marketer Who First Claims the Used Oil Meets the Specifications combustion Device(s) a. Utility Boller b. Industrial Boller c. Industrial Fumace 3. Used Oil Transporter - Indicate Type(s) of Activity(ies) a. Transporter b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) |
| IX. Description of Hazardous Wastes (Use additional sheets if necessary) | |
| A. Characteristics of Nonlisted Hazardous Wastes, (Mark 'X' In the boxe nonlisted hazardous wastes your Installation handles; See 40 CFR Parts 261. 1. Ignitable 2. Corrosive 3. Reactive 4. Toxicity (D001) (D002) (D003) Characteristic (List ap-ecific EPA hazard | rdous waste number(s) for the Toxicity characteristic contaminant(s) |
| | 4 5 6 10 11 12 12 |
| C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number of the state | umber; See Instructions.) 4 5 6 |
| I certify under penalty of law that this document and all attachments were prepare system designed to assure that qualified personnel properly gather and evaluate the or persons who manage the system, or those persons directly responsible for gath best of my knowledge and belief, true, accurate, and complete. I am aware that ther including the possibility of fine and imprisonment for knowing violations. | he information submitted. Based on my inquiry of the person thering the information, the information submitted is, to th |
| Signature Name and Official Title (7) | Type or print) Date Signed Date Signed |
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| Note: Mail completed form to the appropriate EPA Regional or State Office. (See | e Section III of the booklet for addresses.) |
| | |

BASELINE

ENVIRONMENTAL CONSULTING

TRANSMITTAL

TO: U.S. EPA Region 9

RCRA Notifications 75 Hawthorne Street (WST-6/Tetra Tech) San Francisco, CA 94105 Date: 17 June 1998

Project No.: S590-J0

Attn: Shimon Israel

US EPA ID # Subsequent Notification SUBJECT:

ENCLOSED:

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| | 1 | US EPA # Subsequent Notification |
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COMMENTS:

As we discussed on 6/15/98, enclosed is a subsequent notification for US EPA ID # CAD981430465 modifying the site from LQG to SQG.

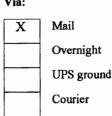
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TRANSMITTED BY:

Rhodora Del Rosario

Via:



&FPA Notification of Hazardous Waste Activity

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation)

| and Recovery A | et). |
|---|-----------------------------|
| For Official Use Only | |
| Comments | |
| C c | |
| Oate Received Installation's EPA ID Number Approved (yr. mo. day) | |
| FCAD 981430465 149 860805 | |
| I. Name of Installation | |
| MV CALIFORNIA STAR | |
| II. Installation Mailing Address | |
| Street or P.O. Box | |
| 3 E A C S S A G E N C 1 E 5 1 2 2 1 B R O 1 City or Town State | ZIP Code |
| | 74612 |
| III. Location of Installation | |
| Street or Route Number | |
| 6/MARKETST | 7IB Code |
| City or Town State | 217 COURT |
| 6 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 79601 |
| IV. Installation Contact Name and Title (last, first, and job title) Phone Number (area | ands and number |
| | code and number) |
| MENAGERY/5 JED | 10/2 |
| V. Ownership A. Name of Installation's Legal Owner B. Type of Owner | mership (enter code) |
| BLUE STAR LINE LTD | |
| VI. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.) | |
| A. Hazerdous Weste Activity B. Used Oil Fuel Activities | |
| 1b. Less than 1,000 kg/mo. 1 b. Less than 1,000 kg/mo. 1 center 'X' and merk appropriate boxes below | m 001 |
| □ 3, Treater/Storer/Disposer □ a. Generator Marketing to Burner | A/Awa/1 |
| 4. Underground Injection | 7 |
| (enter 'X' and mark appropriate boxes below) | |
| a. Generator Marketing to Burner b. Other Marketer 7. Specification Used Oil Fuel Marketer (or Oil Who First Claims the Oil Meets the Specification Used Oil Fuel Marketer | cation |
| LJ c. Burner , | |
| VII. Waste Fuel Burning: Type of Combustion Device (enter 'X' in all appropriate boxes to indicate type of combustion by which hazardous waste fuel or off-specification used oil fuel is burned. See instructions for definitions of combustion device | oustion device(s) in s.) |
| ☐ A, Utility Boiler ☐ B. Industrial Boiler ☐ C. Industrial Furnace | |
| VIII. Mode of Transportation (transporters only — enter 'X' in the appropriate box(es) | |
| ☐ A. Air ☐ B. Rail ☐ C. Highway ☐ D. Water ☐ E. Other (specify) | 5 |
| IX. First or Subsequent Notification | Y |
| Mark 'X' in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity | y or a subsequent |
| notification. If this is not your first notification, enter your installation's EPA ID Number in the space provided below. | , |
| C. Installation's EPA IC A. First Notification B. Subsequent Notification (complete item C) | Number |

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